

Total Care Physicians, P.A.

Patient's Name Jenni Snyder DOB 12/20/68 Age 38 Follow-Up Patient Progress Note
 Weight 154.8 Height 5'6" Blood Pressure 100/60 Pulse 76 Date OCT 02 2006 Doctor MQZ
 Chief Complaint: Severe Headaches Temp 98.3 F

History of Present Illness: Since Thursday night = HA.
 ④ hx of dizziness in neck back.
 Head changes all the time. Sometimes pain is in back of
 Head, sometimes across forehead, sometimes behind eye.
 Current Medications: Lyrica Xanax 1mg. S. Also reports trazodone
Namoxel trazodone
Entacot PRN Septin
 Drug Allergies: NKA Btobacco

Physical Examination:

General A & O x 3 | No acute distress
 Skin Pallor; Jaundice | No Rashes | No Lesions
 HEENT No Scleral Jaundice | TM's Clear | Nares Patent | Pharynx w/o Erythema
 Neck/Carotids Supple; No Masses | No Adenopathy
 Lungs Clear to Auscultation B/L | No Wheezing
 Heart Regular Rhythm | No murmur or Gallup
 Abdomen Non-Tender | No Masses | No Organomegaly | BS Normoactive
 Extremities No Edema

Neuro CN II-XII Intact | DTR's Equal B/L | Gait Steady | Muscle Strength 5/5 | Negative Rhomberg

Musculoskeletal No Joint Swelling; No Deformities; No Spasms; No Tenderness

Psychological No Anxiety or Depression

GU/Rectal heme negative

Impression/Diagnosis: SAR = PMS.

Plan: _____

Medication(s) Prescribe:

Nasonex 1/8 mg/Inhaler QD.
Claritin D-12.5 mg BID.

Labs/Diagnostic Test(s) Requested: _____

Referral(s) Requested:

Counseling: Diet | Smoking Cessation | Exercise | Safe Sex | ETOH Cessation | Substance Abuse | Seat Belt | Diabetic | Other

Screening/Immunization: Pap Smear | Colo-Rectal | Mammogram | Cholesterol | Prostate | Tetanus | Pneumococcal | Other

Patient Education: Medication Administration | Medication Side Effects | Medication Interaction | Other

Return to Office: Monday Tuesday Wednesday Thursday Friday

Weeks Months PRN Other

Practitioner's Signature: Jenni Snyder

TOTAL CARE PHYSICIANS, P.A.

[] Philadelphia Pike Office [] Omega Office [] Glasgow Office [] Pediatric Office

RETURN TO WORK MEDICAL CERTIFICATION

Patient Name: Terry Snider has been under my care from

10.2.00 to 10.2.00 and is able to return to work on

10.2.00. I certify that this patient is able to resume performing the function of his/her position with or without reasonable accommodation. Necessary accommodation(s) is/are as follow(s):

Dr. R. Goodman M.D. M.R.

Health Care Provider

Date

I am allowing my health care provider to release to my employer the reason for my absence from work.

Dr. R. Goodman M.D. M.R.
OMEGA PROFESSIONAL CENTER
BUILDING B, SUITE 80
Newark, DE 19713

Patient's Signature 10/2/06 Diagnosis OMEGA DRIVE
NEWARK, DE 19713